

Youth Basketball Registration Form 2016

Mt. Vernon Parks & Recreation Wildcat Youth Basketball

Leagues: 2nd + 3rd grade boys; 4th + 5th grade girls and boys

Clinics: K – 1st grade co-ed; 2nd + 3rd grade girls

Please fill out this form and return to the Parks & Rec office (at the Hedges building) by Friday, Nov. 4th

Fees: League = \$35 (\$20 second child); Clinics = \$20 (\$10 second child). Leagues and clinics will be run with the assistance of high school coaching staffs. Cash or Check only.

Checks payable to: Mt. Vernon Parks & Recreation (Girls Kickoff Clinic, Nov. 5; grades K-5)

Nov 7th for **2nd and 3rd Grade BOYS** 6:00-7:00pm in the Main Gym at MVHS

Nov 9th for **4th and 5th Grade BOYS** 6:00-7:00pm in the Main Gym at MVHS

Nov 10th for **4th and 5th Grade GIRLS** 6:00-7:00pm in the Main Gym at MVHS

Dates and times for clinics will be available soon (should begin last week of November). Check our Facebook page.

Parents who are willing to coach are encouraged to help out with the evaluations

Games will start first weekend of December (12/3).

(Participant) Name _____ Grade: K 1st 2nd 3rd 4th 5th

Address _____ School _____

Phone _____ D.O.B. _____ Gender _____ Age _____

Email _____

Jersey/T-shirt size (circle one):

YS YM YL

(Youth Sizes)

S M L XL

(Adult sizes)

Will you please: Coach? yes no Assist Coach? yes no Coach Shirt Size: S M L XL 2XL

Coaching Tools: <http://mvwildcats.com/hq/mv-youth-basketball/>

PARENT/GUARDIAN PERMISSION:

(Both parents must sign this permission form. If only one parent is available to sign, the parent signing must assume complete and absolute responsibility as set forth below)

We/I hereby grant permission for my child _____ to participate in the: *Youth Basketball League*.

We/I represent that my child is physically fit and suffers from no health issue which would prevent him/her from participating in this activity. We/I will assume all responsibility and obligation for my child in case of injury or accident sustained during participation in this program. We/I release and hold harmless the Mt. Vernon Parks & Recreation Board, Metropolitan School District of Mt. Vernon, employees of the Mt. Vernon Parks Department, and all other paid and volunteer personnel from any and all liability, loss, damage, injury which may result or occur during the course of this sports program. We/I give permission for the Mt. Vernon Park & Recreation Department to use individual photographs and team photographs as the department sees fit, including but not limited to, print and internet publication. We/I will work together with the Mt. Vernon Park & Recreation Department and all persons involved in this sports program to build a fine program for all of the youths involved.

Date: _____

Parent/Guardian Signature

Date: _____

Parent/Guardian Signature

Contact Information:

Father: Name _____ Home #: _____ Work #: _____ Cell #: _____

Mother: Name _____ Home #: _____ Work #: _____ Cell #: _____

Rec. # _____ Date Rec'd _____ By _____